Image# 202311299599367116 PAGE 1 / 2

## FEC FORM 2

## STATEMENT OF CANDIDACY

| =                            |                               |   |               |                         |                          |                 |                  |  |                 |           |         |             |      |
|------------------------------|-------------------------------|---|---------------|-------------------------|--------------------------|-----------------|------------------|--|-----------------|-----------|---------|-------------|------|
| 1.                           | ` '                           | f Candidate   | ,             | 2                       |                          |                 |                  |  |                 |           |         |             |      |
|                              |                               | Womack, Stephen, A, The Hon,  b) Address (number and street) ☐ Check if address changed                                     |               |                         |                          |                 |                  | 2. Candidate's FEC Identification Number |                 |           |         |             |      |
|                              | 91 Woodridge Ln               |   |               |                         | Tiook ii dadrooo onangod |                 |                  | H0AR03055                                |                 |           |         |             |      |
|                              | (c) City, State, and ZIP Code |   |               |                         |                          |                 |                  | 3. Is This                               |                 | ew        |         | <b>.</b>    | nded |
|                              | Rogers                        |   |               | AR 72756-3              |                          |                 |                  |  |                 |           | (A)     |             |      |
| 4.                           | Party Affilia                 | tion<br>CAN PART\   | /             | 5. Office Soug<br>House | gnt                      |                 | 6. State & Dis   | strict of Candi                          | date            |           |         |             |      |
|                              | KEI OBEK                      | 0/11/11/11  |               | 110000                  |                          |                 | ,                |  |                 |           |         |             |      |
|                              |                               |   | DE            | SIGNATIO                | N OF PR                  | INCIPAL         | CAMPAIG          | N COMM                                   | ITTEE           |           |         |             |      |
| 7.                           | I hereby de                   | hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) |               |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              | NOTE: This                    | s designation   | should be f   | iled with the ap        | opropriate offic         | ce listed in th | ne instructions. |  |                 | ,         |         |             |      |
|                              | (a) Name o                    | f Committee   | (in full)     |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              | Won                           | nack for  | Congre        | ss Comm                 | ittee                    |                 |                  |  |                 |           |         |             |      |
|                              | (b) Address                   | (number ar  | nd street)    |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              | PO Bo                         | x 508   |               |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              | (c) City, Sta                 | ate, and ZIP  | Code          |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              | Roge                          | rs  |               |                         |                          |                 | AR               | 72757                                    | 7-0508          |           |         |             |      |
|                              |                               |   |               |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              |                               |   | DE            | SIGNATIO                | N OF OT                  | HED AII         | THORIZED         | COMMIT                                   | TEES            |           |         |             |      |
|                              |                               |   |               |                         |                          |                 | g Representati   |  | ILLO            |           |         |             |      |
| g                            | I hereby au                   | thorize the f   | ollowing nam  | ned committee           | which is NO              | E my princip    | al campaign co   | mmittee to re                            | aceive and ev   | oend fu   | ınde o  | n hehalf of | mv   |
| 0.                           | candidacy.                    | uionze ine n  | ollowing nam  | ied committee           | , WIIICH IS INO          | тту рипсіра     | ai campaigii co  | minitee, to re                           | sceive and exp  | Jena 10   | ilius u | ii benan oi | illy |
|                              | NOTE: This                    | s designation   | should be f   | iled with the pr        | incipal campa            | ign committe    | ee.              |  |                 |           |         |             |      |
|                              | (a) Name o                    | f Committee   | (in full)     |                         |                          |                 |                  |  |                 |           |         |             |      |
| Scalise Leadership Fund 2024 |                               |   |               |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              |                               | (number ar  | nd street)    |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              | 320 1s                        | t St SE   |               |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              | (c) City, Sta                 | ate, and ZIP  | Code          |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              | Washi                         | ington  |               |                         |                          |                 | DC               | 20003                                    | 3-1838          |           |         |             |      |
|                              |                               |   |               |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              |                               | I certify tha   | at I have exa | mined this Sta          | tement and to            | the best of     | my knowledge     | and belief it is                         | s true, correct | and co    | mplet   | e.          |      |
| Signature of Candidate       |                               |   |               |                         |                          | Date            |                  |  |                 |           |         |             |      |
| Womack, Stephen, A, The Hon, |                               |   |               |                         |                          |                 | 11/29/2023       |  |                 |           |         |             |      |
|                              |                               |   |               |                         |                          |                 |                  |  |                 |           |         |             |      |
| NC                           | OTE: Submis                   | ssion of false  | e, erroneous, | or incomplete           | information m            | nay subject t   | ne person signi  | ing this State                           | ment to penal   | ties of 2 | 2 U.S.  | C. §437g.   |      |
|                              |                               |   |               | 1 3                     |                          | ,               | ,                | J . J                                    |                 | · -       |         |             |      |
|                              |                               |   |               |                         |                          |                 |                  |  |                 |           |         |             |      |
|                              |                               |   |               |                         |                          |                 |                  |  |                 |           |         |             |      |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

| Paga | 2 of | 2 |  |
|------|------|---|--|
| Page | - 01 |   |  |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

|    | (Including Joint Fundraising Representatives)   |  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|--|
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.                          |  |  |  |  |  |  |  |  |
|    | (a) Name of Committee (in full)   |  |  |  |  |  |  |  |  |
|    | Womack Majority Fund  |  |  |  |  |  |  |  |  |
|    | (b) Address (number and street) PO Box 508  |  |  |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code   |  |  |  |  |  |  |  |  |
|    | Rogers AR 72757-0508  |  |  |  |  |  |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) |  |  |  |  |  |  |  |  |
|    | (b) Address (number and street)   |  |  |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code   |  |  |  |  |  |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.                          |  |  |  |  |  |  |  |  |
|    | (a) Name of Committee (in full)   |  |  |  |  |  |  |  |  |
|    | (b) Address (number and street)   |  |  |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code   |  |  |  |  |  |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.                          |  |  |  |  |  |  |  |  |
|    | (a) Name of Committee (in full)   |  |  |  |  |  |  |  |  |
|    | (b) Address (number and street)   |  |  |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code   |  |  |  |  |  |  |  |  |